


Guidance Document for COVID-19



Title: Special considerations for patients being admitted to 1A during the COVID-19 pandemic	Version #: 1
Approved: Incident Manager Signature: 	Approval Date: June 14th 2022
<i>This document is intended to provide guidance to staff/professional staff during COVID-19</i>	

PURPOSE

Provides guidance for staff and professional staff on whether or not a patient can be accommodated to 1A acute oncology (rooms 120-132) during the COVID-19 pandemic.

GUIDELINES

The following procedure is used during the COVID-19 pandemic when reviewing a patient for admission/transfer to 1A acute oncology (rooms 120-132) and when a patient admitted to 1A acute oncology (rooms 120-132) becomes a high risk COVID-19 contact or develops symptoms of COVID-19.

PROCEDURE

1. Perform COVID-19 screening. If the patient screens positive for COVID-19, record the following as applicable:
 - a. If tested positive in the past 10 days (or 20 if severe illness/immune compromise): positive test date and type of test (rapid antigen test or PCR), if symptomatic: symptoms, and date of onset and date resolved (if resolved), and
 - b. If high risk exposure in the past 10 days: nature of exposure and last date of contact with the positive case or outbreak.
 - c. If symptomatic: symptoms, and date of onset/worsening and whether or not the symptoms are related to other known causes or conditions.
2. Ask the patient if they were previously a confirmed case and cleared more than 10 (20 if severe illness or immune compromise) but fewer than 90 days ago. If the patient says yes, record the following as applicable:
 - a. Positive test date and type of test (rapid antigen test or PCR), and
 - b. If the patient is symptomatic, are they experiencing new/worsening symptoms the most responsible physician suspects could represent a new infection, and
 - c. If the patient had a high-risk exposure in the past 10 days, is this a new exposure distinct from their previous infection.
3. Determine if the patient is suitable for accommodation to 1A acute oncology (rooms 120-132) by considering in sequence the patient scenarios listed in Table 1 and identifying the most appropriate match for the patient.

Table 1- Special considerations for accommodating patients who require admission to 1A acute oncology by patient scenario	
Scenario	Special considerations
Confirmed COVID-19 Cases	<p>If patient tested positive for COVID-19 in the past 10 days (or 20 days if severe illness/ immune compromise) or is still considered an active case because symptoms of a recent infection have not yet resolved do not admit or transfer to 1A Acute Oncology.</p> <p>If a patient currently admitted to 1A Acute Oncology is discovered to be a confirmed COVID-19 case, immediately apply airborne/droplet /contact (minimum of green) and transfer them out of 1A Acute Oncology as soon as possible.</p>
Suspected COVID-19 Cases (High-risk COVID-19 contacts)	<p>If the patient has had a high-risk exposure to a confirmed COVID-19 case or outbreak in the past 10 days as confirmed by flag in the medical record and / or report from patient/family or transferring facility/agency or Public Health do not admit or transfer to 1A Acute Oncology.</p> <p>If a patient currently admitted to 1A Acute Oncology is discovered to have had a high-risk exposure in the past 10 days and the exposure occurred outside of 1A Acute Oncology, immediately apply airborne/droplet /contact (minimum of green) precautions and transfer them out of 1A Acute Oncology as soon as possible. If the exposure occurred on 1A Acute Oncology and bed pressures are significant, the patient may stay in a private room in 1A acute oncology on airborne/droplet /contact (minimum of green) at the discretion of the Oncologist and IPAC.</p>
Patients symptomatic for COVID-19 without other risk factors	<p>If the patient is symptomatic (see Table 2) for COVID-19 and is NOT a confirmed COVID-19 case or high-risk COVID-19 contact:</p> <ul style="list-style-type: none"> • Only admit or transfer to 1A Acute Oncology if patient has tested negative for COVID-19 by PCR in the past 24 hours (unless testing is contraindicated (see Table 3)) and the MRP has documented an alternate diagnosis and that they no longer suspect COVID-19 • If at the time of admission, additional precautions are not yet cleared by Infection Control at the time of transfer/admission, maintain airborne/droplet /contact (minimum of green) and only accommodate to a private room. • If COVID-19 testing is contraindicated as per Table 2 due to nasal/oral injury, admit to 1A Acute Oncology on airborne/droplet /contact (minimum of green) and only accommodate to a private room. • If COVID-19 testing is contraindicated as per Table 2 because the patient is a previously cleared confirmed case, admit to 1A Acute Oncology on airborne/droplet /contact (minimum of green) and only accommodate to a private room. • If testing is not contraindicated but the patient refuses testing, do not admit or transfer to 1A Acute Oncology. • If a patient admitted to Acute Oncology develops symptoms and is not a high risk COVID-19 contact, the patient can remain on 1A Acute Oncology on airborne/droplet /contact (minimum of green) if accommodate to a private room while the test is pending.
Patients who pass COVID-19 screening	<p>If a patients is not symptomatic for COVID-19 and is NOT a confirmed COVID-19 case or high-risk COVID-19 contact:</p> <ul style="list-style-type: none"> • Only admit or transfer to 1A Acute Oncology if patient has tested negative for COVID-19 by PCR in the past 24 hours unless testing is contraindicated. • If COVID-19 testing is contraindicated as per Table 3 because of nasal/oral injury or if the patient refuses a COVID-19 swab, admit to 1A Acute Oncology on airborne/droplet /contact (minimum of green) and only accommodate to a private room. • If COVID-19 testing is contraindicated as per Table 3 because the patient is a previously cleared confirmed case, admit to 1A Acute Oncology and accommodate using routine and additional precautions.

Table 2: Symptom Algorithm - Consider the patient symptomatic for COVID-19 if they are experiencing the following and the symptom is not related to other known causes or conditions:

1 of these symptoms:	<ul style="list-style-type: none">▪ Fever (temperature of 37.8°C or greater) and/or chills▪ Cough that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)⁸▪ Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)⁸▪ Decrease or loss of smell or taste⁸
2 of these symptoms	<ul style="list-style-type: none">▪ Extreme fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained▪ Muscle aches or joint pain that are unexplained, unusual, or long-lasting⁸▪ Nausea, vomiting and/or diarrhea⁸▪ Sore throat (painful swallowing or difficulty swallowing)⁸▪ Rhinorrhea or nasal congestion (runny nose or stuffy nose)⁶▪ Headache that is new and persistent, unusual, unexplained, or long-lasting⁸▪ Gastrointestinal symptoms (i.e. vomiting or diarrhea)⁸

Table 3: Contraindications for COVID-19 Testing – Do not test a patient for COVID-19 if any of the following are true:

<ul style="list-style-type: none">▪ Is a known confirmed COVID-19 case that has not previously been cleared, or▪ Is a previously cleared confirmed case and testing will occur within 90 days after clearance and there is no clinical indication for testing (e.g. there are no new COVID-19 symptoms) and no direction to test in the context of a new exposure or outbreak investigation. If suspicion of re-infection within 90 days after clearance (i.e., new symptoms or new high-risk exposure) of a previously cleared confirmed case exists, contact IPAC / Public Health and only test via Public Health Lab, or▪ Has a negative test result within the past 24 hours unless experiencing new or worsening symptoms of COVID-19 or testing is requested at the direction of public health or IPAC, or▪ Nasal or oral injury.
--

All Hospital COVID-19 updates are available on the iNtranet at <https://comms.tbrhsc.net/covid-19-information>